


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # F03000003682 1. Entity Name JENNIFER MANAGEMENT V, LTD. CORP. |  |
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| Principal Place of Business 419 CROSSWAYS PARK DRIVE WOODBURY, NY 11797 | Mailing Address 419 CROSSWAYS PARK DRIVE WOODBURY, NY 11797 |
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

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|---|--------------------------------|
| 4. FEI Number 51-0349876 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 |
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ABADA, RAMI 419 CROSSWAYS PARK DRIVE WOODBURY, NY 11797 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SEIDNER, EDWARD B 419 CROSSWAYS PARK DRIVE WOODBURY, NY 11797 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCEO GREENFIELD, HARLEY 419 CROSSWAYS PARK DRIVE WOODBURY, NY 11797 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/25/05-80071-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

| | | |
|--|----------------|-------------------------------|
| SIGNATURE:  | Date: 01/18/05 | Daytime Phone #: 516 496 1900 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |